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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762624** (5)

1. Corporation Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, MANATEE/SARASOTA AREA CHAPTER, INC.

Principal Place of Business

Mailing Address

**350 BRADEN AVENUE
SARASOTA FL 34243**

**350 BRADEN AVENUE
SARASOTA FL 34243**

3. Date Incorporated or Qualified

03/29/1982

4. FEI Number

59-2207134

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KENNEY, JUDITH A
3040 GRAND BAY BLVD #254
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Judith A. Kenney
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3-30-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BRAZELL, BERNICE**
STREET ADDRESS **755 S. PALM AVENUE #501**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ DELETE

NAME **KANE, CLAUDIA A**
STREET ADDRESS **7931 TIMBERWOOD CIR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE

NAME **MUSE, DOTIE**
STREET ADDRESS **200 NASSAU ST N**
CITY-ST-ZIP **VENICE FL**

TITLE **D** ☐ DELETE

NAME **BOYER, EDWIN**
STREET ADDRESS **1800 2ND ST, STE 765**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE

NAME **MAY, JOAN**
STREET ADDRESS **600 MANATEE AVE # 13**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **TD** ☐ DELETE

NAME **KENNEY, JUDY**
STREET ADDRESS **3040 GRAND BAY BLVD.**
CITY-ST-ZIP **LONGBOAT KEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **34236**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **34238**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **34236**

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **34217**

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP **34228**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith A. Kenney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-98

Date

941 557-4883

Daytime Phone # (Area Code)

CR2E037 (10/97)